

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CHARLES E. SMITH JEWISH DAY SCHOOL DEFINED CONTRIBUTION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHARLES E. SMITH JEWISH DAY SCHOOL 1901 E. JEFFERSON STREET ROCKVILLE, MD 20852-4029
2b	Employer Identification Number (EIN) 52-0961920
2c	Plan Sponsor's telephone number 301-881-1400
2d	Business code (see instructions) 611000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/23/2024	ELANIT JAKABOVICS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 607
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 278 6a(2) 264 6b 0 6c 343 6d 607 6e 2 6f 609 6g(1) 599 6g(2) 603 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2G 2L 2M 2F 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A

(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► File as an attachment to Form 5500.

► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan

CHARLES E. SMITH JEWISH DAY SCHOOL DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500

CHARLES E. SMITH JEWISH DAY SCHOOL

D Employer Identification Number (EIN)

52-0961920

Part I

Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	406525	608	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	29342919
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	36246301

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

22932515

c Additions: (1) Contributions deposited during the year**7c(1)**

266146

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

1216368

(4) Transferred from separate account.....

7c(4)

8113431

(5) Other (specify below)

7c(5)

27594

▶ PLAN SERVICING CREDIT, PARTICIPANT LOAN INTEREST

(6) Total additions

7c(6)

9623539

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

32556054

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

1334464

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

1848119

(4) Other (specify below)

7e(4)

30552

▶ PLAN FEES, PARTICIPANT LOANS ISSUED, PARTICIPANT LOAN PRINCIPAL REPAYMENT

(5) Total deductions

7e(5)

3213135

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

29342919

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but unpaid.....		9a(2)		
(3) Increase (decrease) in unearned premium reserve		9a(3)		
(4) Earned ((1) + (2) - (3)).....			9a(4)	0
b Benefit charges (1) Claims paid.....		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2)).....			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies.....	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention		9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves.....			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			10b	
Specify nature of costs.				

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan CHARLES E. SMITH JEWISH DAY SCHOOL DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLES E. SMITH JEWISH DAY SCHOOL	D Employer Identification Number (EIN) 52-0961920

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒

Yes

☐

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA

13-1624203

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NFP RETIREMENT INC.

33-0905143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	34500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	25938	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

FLEXPATH STRATEGIES, LLC

46-4782313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	11241	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BELFINT LYONS & SHUMAN

51-0232399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

NEW PINNACLE CONSULTING GROUP, LLC

26-1233837

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	TPA	1821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CHARLES E. SMITH JEWISH DAY SCHOOL DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLES E. SMITH JEWISH DAY SCHOOL		
		D Employer Identification Number (EIN) 52-0961920

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	107995	164450
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4401308	2226876
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	52597098	57301720
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	22932515	29342919
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	80038916	89035965
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	80038916	89035965

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	650199	
(B) Participants	2a(1)(B)	1590726	
(C) Others (including rollovers)	2a(1)(C)	120357	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2361282
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7078	
(F) Other	2b(1)(F)	1216368	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1223446
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	657185	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		657185
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-453097
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10389673
c Other income	2c		27761
d Total income. Add all income amounts in column (b) and enter total	2d		14206250

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5117668	
(2) To insurance carriers for the provision of benefits.....	2e(2)	7402	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5125070
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	71809	
(3) Recordkeeping fees.....	2i(3)	11241	
(4) IQPA audit fees.....	2i(4)	1081	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		84131
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5209201

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8997049
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BELFINT, LYONS & SHUMAN, P.A.

(2) EIN: 51-0232399

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan CHARLES E. SMITH JEWISH DAY SCHOOL DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLES E. SMITH JEWISH DAY SCHOOL	D Employer Identification Number (EIN) 52-0961920

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-2826183 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☒ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
----------	------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase ☐ Decrease ☐ Both ☐ No
---	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>08 / 07 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500954A</u> .	

**CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN**

**FINANCIAL STATEMENTS AND ERISA-
REQUIRED SUPPLEMENTAL SCHEDULES
AND
INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2023 AND 2022

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
TABLE OF CONTENTS
DECEMBER 31, 2023 AND 2022

	<u>Page No.</u>
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Additional Information	
Schedule of Assets (Held at End of Year)	20



BELFINT • LYONS • SHUMAN
Certified Public Accountants

www.belfint.com

Independent Auditor's Report

To the Plan Administrator
Charles E. Smith Jewish Day School Defined Contribution Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We were engaged to audit the accompanying financial statements of Charles E. Smith Jewish Day School Defined Contribution Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by TIAA and CREF, a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from TIAA and CREF, the insurance carriers, as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of Charles E. Smith Jewish Day School Defined Contribution Plan referred to in the first paragraph. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

To the Plan Administrator
Charles E. Smith Jewish Day School Defined Contribution Plan

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, predecessor auditors were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Charles E. Smith Jewish Day School Defined Contribution Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Charles E. Smith Jewish Day School Defined Contribution Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

To the Plan Administrator
Charles E. Smith Jewish Day School Defined Contribution Plan

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report it is inappropriate and we do not express an opinion on the supplemental schedule referred to above.

Belfint, Lyons & Shuman, P.A.

July 18, 2024

Wilmington, Delaware

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at Fair Value (See Notes 3 and 4)	\$ 76,351,932	\$ 73,604,013
Investments, at Contract Value (See Note 5)	<u>12,519,583</u>	<u>6,326,908</u>
Total Investments	<u>88,871,515</u>	<u>79,930,921</u>
Receivables		
Notes Receivable from Participants	<u>164,450</u>	<u>107,995</u>
Total Receivables	<u>164,450</u>	<u>107,995</u>
TOTAL ASSETS	89,035,965	80,038,916
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 89,035,965</u></u>	<u><u>\$ 80,038,916</u></u>

The accompanying notes are an integral part of these financial statements.

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2023

ADDITIONS

Additions to Plan Assets Attributed to Investment Income	
Net Appreciation in Fair Value of Investments	\$ 9,936,576
Dividends	657,185
Interest	1,216,368
Revenue Credit	<u>27,761</u>
Net Investment	<u>11,837,890</u>
Interest on Notes Receivable from Participants	<u>7,078</u>
Contributions	
Participants	1,590,726
Employer (See Note 1)	650,199
Rollover	<u>120,357</u>
Total Contributions	<u>2,361,282</u>
TOTAL ADDITIONS	<u>14,206,250</u>

DEDUCTIONS

Benefits Paid to Participants	5,117,668
Payments to Insurance Carriers - Annuity Settlement Options	7,402
Administrative Expenses	<u>84,131</u>
TOTAL DEDUCTIONS	<u>5,209,201</u>

NET INCREASE 8,997,049

NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year 80,038,916

NET ASSETS AVAILABLE FOR BENEFITS - End of Year \$ 89,035,965

The accompanying notes are an integral part of these financial statements.

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023

NOTE 1: DESCRIPTION OF PLAN

The following description of the Charles E. Smith Jewish Day School Defined Contribution Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

General - The Plan, originally effective August 1, 1976, is a defined contribution plan established by the Charles E. Smith Jewish Day School of Greater Washington, Inc. (“Plan Sponsor”) under the provisions of Section 403(b) of the Internal Revenue Code (the “IRC”), which includes a deferred arrangement for the benefit of eligible employees of the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan’s assets are held by TIAA and CREF, (which also extends with respect to those investments held by TIAA, FSB, as directed Trustee or Custodian that are record-kept by TIAA), the Custodians of the Plan. The Plan is a 501(c)(3) organization.

Eligibility - Employees, except student employees, are eligible to make elective deferrals into the Plan beginning the first of the month following their date of hire and are eligible to participate in the employer contribution portion of the Plan on the first of the month following the anniversary date marking one year of service, unless they are an independent contractor. There is no minimum age an employee must attain to become a participant in the Plan for purposes of making elective deferrals. An employee may begin participation in the employer contribution portion of the Plan after attaining age 21.

Contributions - Participants may contribute a percentage of their eligible pretax compensation, up to 100% of compensation, as defined by the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Additionally, certain eligible participants may make a special 403(b) catch-up contribution. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Upon enrollment, participants may direct their contributions to the various investment options offered by the Plan. Participants may change their investment options and deferral percentages at any time. For the year ended December 31, 2023 and 2022, the discretionary matching contribution was equal to 100% of employee elective deferrals up to 5% per pay period.

Participant Accounts - Each participant’s account is credited with the participant’s contribution and an allocation of the Plan Sponsor’s contribution, if any, investment results, and charged with an allocation of administrative expenses, as provided by the Plan. Other allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. All accounts are self-directed by the participants.

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 1: DESCRIPTION OF PLAN - CONTINUED

Vesting - Participants are vested immediately in their voluntary contributions, rollover contributions, the Plan Sponsor's contributions, and actual earnings thereon.

Notes Receivable from Participants - Participants may borrow from the funding vehicles authorized by the Plan Sponsor for use under the Plan from a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, reduced to the extent that the participant's highest outstanding loan balance during the preceding twelve-month period exceeds the current balance, or 50% of his or her vested account balance. If the loan is from a TIAA Annuity, the maximum loan may be further limited. A participant can have three loans outstanding from the Plan at one time. Loan terms may not be greater than five years, or ten years for the purchase of a primary residence. Loans are secured by the balance in the participant's account and accrue at a rate as specified in the plan agreement, depending on how the participant's account balance is invested. Principal and interest are paid ratably through payroll deductions. In the event of termination of employment, the loan becomes payable in full unless directly rolled over to another employer's plan.

Plan Loans - Generally, participants may borrow a minimum of \$1,000 up to a maximum of \$50,000 or 45% of their vested account balance, subject to certain restrictions. Loan terms may not be greater than five years, or ten years for the purchase of a primary residence. Adequate security is required, and a portion of the participant's account balance is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default. Loans are issued directly from funds owned by TIAA and CREF and not directly from a participant's account. For all Plan loans, interest and principal is paid by the participant directly to TIAA and CREF. Plan loans are not considered investments of the Plan and therefore are not reported in the statements of net assets available for benefits. The interest rate is determined by TIAA and CREF and may be fixed or variable, and the initial rate is determined by the terms of the controlling contract, as is the rate adjustment details and frequency. The outstanding amount of plan loans as of December 31, 2023 and 2022, were \$26,182 and \$119,990, respectively. The interest rates on outstanding loans ranged from 5.14% to 5.72% at December 31, 2023 and mature through September 2025.

Payment of Benefits - Distributions from the Plan are permitted upon termination of employment, death, disability, retirement (age 65), or hardship. A participant may receive a single lump-sum payment, partial payments, or installment payments from his or her CREF annuity or TIAA Real Estate Account, or by purchasing an annuity contract with his or her account balance. In-service withdrawals are also permitted for participants who have reached age 59½.

After separation from service, a participant may delay withdrawal until a future date, but the plan administrator may automatically distribute balances of terminated participants that do not exceed \$5,000. If the terminated participant's account balance does not exceed \$5,000 and the participant does not make an affirmative election to request a distribution, the distribution will be paid in a direct rollover to an individual retirement account designated by the plan administrator.

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 1: DESCRIPTION OF PLAN - CONTINUED

Payment of Benefits - Continued

As required under Section 401(a)(9) of the IRC, a participant must begin receiving required minimum distributions from the Plan by April 1 of the calendar year following the later of (i) the year in which the participant reaches age 72 or 73 if the participant is not 72 prior to January 1, 2023, or (ii) the calendar year in which the participant retires.

Hardship Withdrawals - Participants may withdraw their elective deferrals under the Plan to the extent permitted by the individual agreements controlling the account assets to be withdrawn in the form of a hardship withdrawal to satisfy an immediate and heavy financial need as defined by the Plan. The participant must first exhaust all other assets reasonably available prior to obtaining a hardship withdrawal. The hardship distribution cannot be in excess of the need.

Annuity Settlement Options - Represents the conversion of a deferred annuity contract to an immediate annuity contract in the name of the participant individually. The participant account balance is used to purchase an annuity with TIAA outside of the Plan.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts, held by a defined contribution plan, are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received for the sale of an asset or paid for the transfer of a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition - Continued

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid, interest. No allowance for credit losses has been recorded, as of December 31, 2023 and 2022. The plan administrator will treat a participant loan as in default if any scheduled payment is missed (no grace period), any scheduled payment remains unpaid beyond the last day of the calendar quarter following the calendar quarter in which the participant missed the scheduled payment, or the participant makes or furnishes any false representation or statement to the plan administrator. Upon default, participants have the opportunity to repay the loan, resume current status of the loan by paying any missed payment plus interest, or request distribution of the note. If the loan remains in default, the plan administrator will offset any vested account balances by the outstanding balance of the loan to the extent permitted by law.

Payment of Benefits - Benefit payments to participants, or their beneficiaries, are recorded when paid.

Administrative Expenses - Certain expenses of maintaining the Plan are paid by the Plan from the annuity contracts, unless otherwise paid by the Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Costs associated with participant-initiated transactions are paid by the respective participants' accounts. Investment management expenses paid from the annual operating expenses of the Plan's designated investment alternatives, which are amounts netted against the investment earnings for the participant-directed investments, averaged a net expense ratio of approximately 0.19% from a low of 0.02% to a high of 0.87%. Plan service expense is a component of, not in addition to, the net expense ratio and averaged 0.119% of assets.

Subsequent Events - The Plan Sponsor's policy is to evaluate events and transactions subsequent to its year end for potential recognition in the financial statements or disclosure in the notes to the financial statements. The Plan Sponsor has evaluated events and transactions through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 3: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 820, *Fair Value Measurements*, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2023 and 2022.

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED

Registered Investment Companies (Mutual Funds and CREF Accounts) - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are classified as Level 1 within the fair value hierarchy.

Variable Annuity Contract - The TIAA Real Estate Account is an insurance company separate account investing mainly in real estate and real estate-related investments. The value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. This fund is required to publish its daily NAV and to transact at that price. Since the investment has a readily determinable value, the NAV is not used as a practical expedient. Although the underlying assets of the fund cannot be quickly sold and converted to liquid assets, the TIAA General Account provides the fund with a liquidity guarantee. This investment is classified as Level 1 within the fair value hierarchy.

Insurance Company General Contracts - The TIAA Traditional Annuity is segregated into non-benefit-responsive and fully benefit-responsive contracts. The non-benefit-responsive portion is reported at fair value. Contract value is the relevant measurement attribute for that portion of net assets that are considered to be fully benefit-responsive. Contract value equals the accumulated cash contributions, interest credited to the Plan's contracts, and transfers, if any, less any withdrawals. The non-benefit-responsive portion is classified as Level 3 within the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2023			
	Level 1	Level 2	Level 3	Total
Registered Investment Companies	\$ 57,301,720	\$ -	\$ -	\$ 57,301,720
Variable Annuity Contract	2,226,876	-	-	2,226,876
Insurance Company General Contracts				
Non-Benefit-Responsive	-	-	16,823,336	16,823,336
Total Investments, at Fair Value	<u>\$ 59,528,596</u>	<u>\$ -</u>	<u>\$ 16,823,336</u>	<u>\$ 76,351,932</u>

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED

Insurance Company General Contracts - Continued

	\$			-
	Level 1	Level 2	Level 3	Total
Registered Investment Companies	\$ 52,597,098	\$ -	\$ -	\$ 52,597,098
Variable Annuity Contract	4,401,308	-	-	4,401,308
Insurance Company General Contracts Non-Benefit-Responsive	-	-	16,605,607	16,605,607
Total Investments, at Fair Value	<u>\$ 56,998,406</u>	<u>\$ -</u>	<u>\$ 16,605,607</u>	<u>\$ 73,604,013</u>

There were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3 for the years ended December 31, 2023 and 2022. The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31:

	<u>2023</u>
Balance - Beginning of Year	<u>\$ 16,605,607</u>
Investment Income	799,669
Purchases, Issuances, Sales, and Settlements	
Contributions, Rollovers, and Transfers In	15,670,912
Withdrawals, Distributions, Settlements, and Transfers Out	<u>(16,252,852)</u>
Total Purchases, Issuances, Sales, and Settlements, Net	<u>(581,940)</u>
Balance - End of Year	<u><u>\$ 16,823,336</u></u>

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31:

	2023 Fair Value	Principal Valuation Technique	Significant Unobservable Input	Range
TIAA Traditional Annuity - Non-Benefit-Responsive	\$ 16,823,336	Discounted Cash Flow Theoretical Transfer (Exit Value)	Risk-Adjusted Discount Rate Applied	RA - 4.00% - 6.75% RC - 4.25% - 7.00%
	2022 Fair Value	Principal Valuation Technique	Significant Unobservable Input	Range
TIAA Traditional Annuity - Non-Benefit-Responsive	\$ 16,605,607	Discounted Cash Flow Theoretical Transfer (Exit Value)	Risk-Adjusted Discount Rate Applied	RA - 3.70% - 6.25% RC - 3.95% - 6.50%

NOTE 4: INVESTMENTS

Insurance Company General Contracts - The TIAA Traditional Annuity (Annuity) is a fixed rate annuity contract that is fully and unconditionally guaranteed and backed by the claims-paying ability of TIAA, a New York domiciled nonprofit legal reserve life insurance company. During the accumulation phase, the Annuity provides a guarantee of principal, a guaranteed minimum rate of interest, and the potential for additional interest, if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins each March 1. Additional interest is not guaranteed for future years. When the contract value accumulation (plan asset) of the Annuity is converted to an annuity (plan withdrawal) based on life expectancy, the present value of the stream of payments is equal to the accumulation. The Annuity is offered through a variety of contract types with TIAA. The type of contract which the Plan holds in the Annuity determines the applicability of certain account features, such as a guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of participant accounts, and the options for receiving income upon retirement.

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 4: INVESTMENTS - CONTINUED

Insurance Company General Contracts - Continued

The guaranteed annual interest rate is 3% for all premiums remitted since 1979 under all accumulating contracts with the exception of the Retirement Choice (RC) and Retirement Choice Plus (RCP) contracts. For the RC and RCP contracts, the guaranteed rate is between 1% and 3%. The Retirement Annuity (RA) contract does not allow lump-sum cash withdrawals and transfers must be spread out over a period of ten annual installments. With a Group Retirement Annuity (GRA) contract, lump-sum withdrawals are available only within 120 days after termination of employment and are subject to a surrender charge. All other withdrawals and transfers from the RA or GRA must be spread over a period of 10 annual installments (or five annual installments for withdrawals after termination of employment). The Annuity within the Supplemental Retirement Annuity (SRA), Group Supplemental Retirement Annuity (GSRA), and RCP contracts, as well as holdings held as defaulted loan collateral, contain no liquidity restrictions and are benefit-responsive. As of December 31, 2023 and 2022, \$11,869,973 and \$5,526,625, respectively, of the Annuity was fully benefit-responsive. The Annuity holdings within the RA, GRA, and RC contracts have liquidity restrictions and are non-benefit-responsive. As of December 31, 2023 and 2022, and \$16,823,336 and \$16,605,607, respectively, of the Annuity was not benefit-responsive.

The TIAA Stable Value is a fixed rate group annuity contract that is fully and unconditionally guaranteed and backed by the claims-paying ability of TIAA. Contributions are deposited into a non-unitized separate account. The contract provides a guaranteed minimum rate of interest between 1% and 3% and the potential for additional interest. Additional interest, when declared, remains in effect from January 1 through June 30 and from July 1 through December 31. Additional interest is not guaranteed for future years. Contract holders and plan participants do not participate in, and do not receive earnings of, the assets in the separate account. The contract is considered fully benefit-responsive, and as such, is reported at contract value on the financial statements. As of December 31, 2023 and 2022, the contract value measurement of the TIAA Stable Value was \$649,610 and \$800,283, respectively.

The Plan's guaranteed annuity contracts are traditional investment contracts. Due to the nature of these contracts, they do not have specific underlying assets assigned. The key difference between a synthetic contract and a traditional investment contract is that the Plan owns the underlying assets of the synthetic investment contract. A synthetic investment contract includes a wrapper contract, which is an agreement for the wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances. The wrapper contract typically includes certain conditions and limitations on the underlying assets owned by the Plan. With traditional investment contracts, the Plan owns only the contract itself. Synthetic and traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers.

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 4: INVESTMENTS - CONTINUED

Insurance Company General Contracts - Continued

Market value events may limit the ability of the Annuity to transact at contract value with the issuer. Market value events are events or conditions that occur which are outside of the normal operation of the Annuity and lead to any disbursements which have, or will have, a material adverse effect on the operations of the Annuity and a financial effect on the investment contract or wrap issuer's interest hereunder.

Such events may include, but are not limited to: fund administration amended or changed, merger or consolidation of investors, group terminations or layoffs, implementation of an early retirement program, termination or partial termination of the Annuity, failure to meet certain tax qualifications, participant communication that is designed to influence participants not to invest in the Annuity, transfers to competing options without meeting the equity provisions of the Annuity, and plan sponsor withdrawals without the appropriate notice to the Annuity and/or issuer.

In the normal course of business, such events or conditions would not limit the ability of the Annuity to transact at contract value with the participants in the Annuity. The Annuity is managed to maintain a certain amount of liquidity to provide for the day-to-day liquidity needs of participants as well as the occasional market value event. The Plan Sponsor does not believe that any events which would limit the Annuity's ability to transact at contract value with participants are probable of occurring.

An issuer can terminate an investment contract upon the event of default by the contract holder, advisor, or trustee if the issuer determines in its reasonable discretion that such an event has had, or is likely to have, a material adverse effect on the issuer's interest with respect to the contract. Such events may include, but are not limited to: management of the portfolio not in accordance with investment guidelines, a breach of any material obligation under the wrap agreement, any representation or warranty made by the contract holder becomes untrue in any material way, a replacement of the advisor without prior consent of the issuer, the Annuity is terminated or ceases to qualify as a group trust or plans cease to meet the appropriate tax qualifications, or the wrap becomes a prohibited transaction within the meaning of Section 406 of ERISA.

CREF Accounts - The College Retirement Equities Funds (CREF) consist of eight investment portfolios including Stock, Global Equities, Growth, Equity Index, Bond Market, Inflation-Linked Bond, Social Choice, and Money Market Accounts. In accordance with each portfolio's investment objectives, the accounts invest principally in equity securities, fixed income investments, and short-term investments.

Accumulation units in CREF Accounts are available for transactions at the closing accumulation unit value on any day the New York Stock Exchange (NYSE) is open for business. In an effort to reduce market timing and excessive trading, shareholders will be permitted to make electronic transfers (i.e., transfers over the Internet, by telephone, or

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 4: INVESTMENTS - CONTINUED

CREF Accounts - Continued - by fax) back into that same account through a purchase or exchange for 90 calendar days if a purchase, sale, and repurchase within that account is made within a 60-day period, other than the CREF Money Market Accounts.

Variable Annuity Contract - The TIAA Real Estate Account (REA) is an insurance company separate account of TIAA investing mainly in real estate and real estate-related investments. Accumulation units in the REA are available for transactions at the closing accumulation unit value on any day the NYSE is open for business. Transfers out of the REA are limited to one per calendar quarter.

Although the underlying assets of the REA cannot be quickly sold and converted to liquid assets, the TIAA General Account provides the REA with a liquidity guarantee, i.e., TIAA ensures that the REA has funds available to meet participant redemption, transfer, or cash withdrawal requests executed at quoted unit values. Unit values are calculated each day and are posted to the Plan's website.

NOTE 5: INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by TIAA and CREF, the custodians of the Plan.

	<u>2023</u>	<u>2022</u>
Investments, at Fair Value		
Registered Investment Companies	\$ 57,301,720	\$ 52,597,098
Variable Annuity Contract	2,226,876	4,401,308
Insurance Company General Contracts - Non-Benefit-Responsive	<u>16,823,336</u>	<u>16,605,607</u>
Total Investments, at Fair Value	<u>76,351,932</u>	<u>73,604,013</u>
Investments, at Contract Value		
Insurance Company General Contracts - Fully Benefit-Responsive	11,869,973	5,526,625
Stable Value Fund	<u>649,610</u>	<u>800,283</u>
Total Investments, at Contract Value	<u>12,519,583</u>	<u>6,326,908</u>
Total Investments	<u><u>\$ 88,871,515</u></u>	<u><u>\$ 79,930,921</u></u>
Receivables		
Notes Receivable from Participants	<u><u>\$ 164,450</u></u>	<u><u>\$ 107,995</u></u>

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 5: INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS - CONTINUED

	<u>2023</u>
Investment Income (Loss)	
Net Appreciation in Registered Investment Companies	\$ 10,389,673
Net Depreciation in Variable Annuity Contract	(453,097)
Dividends	657,185
Interest on Insurance Company General Contracts	1,216,368
Revenue Credit	<u>27,761</u>
Net Investment Income	<u><u>\$ 11,837,890</u></u>
Interest on Notes Receivable from Participants	<u><u>\$ 7,078</u></u>

NOTE 6: RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan Sponsor has not considered normal plan operations such as participant and employer contributions or benefits paid to participants as party-in-interest transactions that require separate disclosure. Certain plan investments are shares and units of registered investment companies (mutual funds), a variable annuity contract, and insurance company general contracts managed by TIAA. Fees paid during the year for certain professional services rendered by parties in interest included service fees paid by the Plan for investment advisory services. These transactions qualify as party-in-interest transactions that are exempt from the prohibited transaction rules.

NOTE 7: PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Plan Sponsor may determine.

NOTE 8: TAX STATUS

The Plan has adopted a volume submitter 403(b) plan, which obtained an advisory letter dated August 7, 2017, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC and, therefore, the related trust was tax exempt. Although there are certain amendments applicable to the Plan, the Plan Sponsor believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and that the related trust is tax exempt.

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023

NOTE 8: TAX STATUS - CONTINUED

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor (DOL) or the IRS. The Plan Sponsor has analyzed the positions taken by the Plan and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan's federal Form 5500 is subject to examination by the IRS and DOL, generally for three years after it is filed.

NOTE 9: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 10: COMMITMENTS AND CONTINGENCIES

In the normal course of business, there may be various commitments and contingencies outstanding, which are not reflected in these financial statements. In the opinion of the Plan Sponsor, the outcome of such events, if any, would not have a material effect on the Plan's financial position or operations.

ADDITIONAL INFORMATION

CHARLES E. SMITH JEWISH DAY SCHOOL
DEFINED CONTRIBUTION PLAN
EIN: 52-0961920, PLAN #001
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	AB Large-Cap Growth Fund	Registered Investment Company	\$ -	\$ 220,327
	BlackRock High Yield Bond Portfolio	Registered Investment Company	-	82,709
	Calvert International Responsible Index	Registered Investment Company	-	311,951
	Calvert US Large-Cap Core Responsible Index	Registered Investment Company	-	362,692
	Charles Schwab Treasury Inflation-Protected Securities	Registered Investment Company	-	703,474
*	CREF Bond Market	Registered Investment Company	-	1,278,705
*	CREF Equity Index	Registered Investment Company	-	4,946,212
*	CREF Global Equities	Registered Investment Company	-	3,345,150
*	CREF Growth	Registered Investment Company	-	7,982,821
*	CREF Inflation-Linked Bond	Registered Investment Company	-	762,761
*	CREF Money Market	Registered Investment Company	-	613,669
*	CREF Social Choice	Registered Investment Company	-	1,837,271
*	CREF Stock	Registered Investment Company	-	13,252,837
	Franklin Small-Cap Growth	Registered Investment Company	-	33,762
	Franklin Small-Cap Value	Registered Investment Company	-	88,067
	iShares Developed Real Estate Index	Registered Investment Company	-	290,110
	JP Morgan Emerging Markets Equity	Registered Investment Company	-	100,704
	JP Morgan Equity Income	Registered Investment Company	-	670,867
	Metropolitan West Total Return Bond	Registered Investment Company	-	26,472
	MFS International Intrinsic Value	Registered Investment Company	-	468,407
	PIMCO International Bond U.S. Dollar	Registered Investment Company	-	77,199
	State Street Aggregate Bond Index	Registered Investment Company	-	1,318,323
	State Street Cap Equity Ex-US Index	Registered Investment Company	-	6,177,191
	State Street Small Mid-Cap Equity Index	Registered Investment Company	-	1,257,720
	State Street Equity 500 Index	Registered Investment Company	-	9,279,774
*	TIAA TIAA Real Estate	Variable Annuity Contract	-	2,226,876
*	TIAA TIAA Stable Value	Stable Value	-	649,610
*	TIAA TIAA Traditional Benefit Responsive	Insurance Contract	-	11,869,973
*	TIAA TIAA Traditional Non Benefit Responsive	Insurance Contract	-	16,823,336
*	TIAA-CREF Money Market - Premium	Registered Investment Company	-	1,744,636
*	TIAA-CREF Core Impact Bond Fund	Registered Investment Company	-	67,909
		Total Investments	\$ -	\$ 88,871,515
		Interest Rate of 4.25% - 9.50%;		
*	Participant Loans	Various Maturities	\$ -	\$ 164,450

* Indicates a party in interest to the Plan.

(d) Note: Historical cost information is not required for participant-directed investments.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Charles E. Smith Jewish Day School Defined Contribution Plan

Employer Identification Number: ► 52-0961920

For plan year (beginning/ending): ► 1/1/2023 to 12/31/2023

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 4,933,210.25
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 14,593,278.42
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		\$ 6,936,763.16
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		\$ 2,230,057.66
*	College Retirement Equities Fund variable annuities	TIAA Stable Value		\$ 649,609.74
*	College Retirement Equities Fund variable annuities	CREF Stock R2		\$ 13,252,836.42
*	College Retirement Equities Fund variable annuities	CREF Money Market R2		\$ 613,669.29
*	College Retirement Equities Fund variable annuities	CREF Social Choice R2		\$ 1,837,270.85
*	College Retirement Equities Fund variable annuities	CREF Global Equities R2		\$ 3,345,150.40
*	College Retirement Equities Fund variable annuities	CREF Growth R2		\$ 7,982,819.87
*	College Retirement Equities Fund variable annuities	CREF Equity Index R2		\$ 4,946,212.21
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R2		\$ 762,761.23
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 2,226,876.35
*	College Retirement Equities Fund variable annuities	CREF Core Bond R2		\$ 1,278,704.57
*	College Retirement Equities Fund variable annuities	TIAA-CREF Money Market-Prem		\$ 1,744,636.06
*	College Retirement Equities Fund variable annuities	TIAA-CREF Core Impact Bd-Inst		\$ 67,908.86
	College Retirement Equities Fund variable annuities	MFS Intl Intrinsic Value R6		\$ 468,407.01
	College Retirement Equities Fund variable annuities	Metropolitan West TotRet Bnd I		\$ 26,472.33
	College Retirement Equities Fund variable annuities	PIMCO Intl Bd USDolHed Inst		\$ 77,199.43
	College Retirement Equities Fund variable annuities	Franklin Small Cap Growth R6		\$ 33,761.64
	College Retirement Equities Fund variable annuities	Calvert Interntl Resp Index R6		\$ 311,950.56
	College Retirement Equities Fund variable annuities	CalvertUSLargeCapCoreRespldxR6		\$ 362,691.87
	College Retirement Equities Fund variable annuities	Franklin Small Cap Value R6		\$ 88,067.46
	College Retirement Equities Fund variable annuities	JPMorgan Emerging Mkts Eq R6		\$ 100,703.96
	College Retirement Equities Fund variable annuities	iShares Developd Real Est Ix K		\$ 290,109.61
	College Retirement Equities Fund variable annuities	State Street Aggrgte Bnd Idx K		\$ 1,318,322.67
	College Retirement Equities Fund variable annuities	State Street Cap Eq ExUS Idx K		\$ 6,177,191.29
	College Retirement Equities Fund variable annuities	State Street Sm Md Cp Eq Idx K		\$ 1,257,720.36
	College Retirement Equities Fund variable annuities	State Street Equity 500 Indx K		\$ 9,279,774.17
	College Retirement Equities Fund variable annuities	Schwab Treas Infl Prot Sec Idx		\$ 703,474.38
	College Retirement Equities Fund variable annuities	AB Large Cap Growth Fund Z		\$ 220,327.28
	College Retirement Equities Fund variable annuities	BlackRock Hgh Yld Bd Portf K		\$ 82,709.13
	College Retirement Equities Fund variable annuities	JPMorgan Equity Inc Fd Cla R6		\$ 670,866.90
	College Retirement Equities Fund variable annuities	Participant Loan Fund		\$ 164,450.01
	Grand Total			\$ 89,035,965